

Division of Disability and Rehabilitative Services 402 W. WASHINGTON STREET, P.O. BOX 7083 INDIANAPOLIS, IN 46207-7083 1-800-545-7763

Indiana FSSA/DDRS 402 West Washington Street, Room W451 www.in.gov/fssa

manner hereinafter provided.

upon the order of the State.

## **SURETY BOND**

В	Bond Number			
KNOW ALL MEN BE THESE PRESENTS THAT WE				
with principal place of business in the C	, a/an		Corporation	
with principal place of business in the C	Lity of	, State of	,	
as Principal, and		, a/an	Corporation,	
authorized to do business in Indiana, as benefit of the State of Indiana for service the sum of	ces provided to clients	of the state and remunerated	d by the State therefore, in	
WHEREAS, the principal has been grance Case Management Services and be com-			nas undertaken to provide	
NOW, THEREFORE, the condition of (or its successors and assigns in case of services provider that occurs during the shall remain in full force and effect.	a corporation), shall	well and truly discharge its d	uties as a rehabilitative	
THE CONDITION OF THE FOREGO to this surety bond:	ING OBLIGATION I	S SUCH that the following	conditions shall also apply	
1) The Surety does, by these presextend to all past, present, exis Management Services to the extended to the	sting and potential liab	oility of said Principal, as a p		

4) If the said Principal shall suspend payment or shall become insolvent or a receiver shall be appointed for its business, the undersigned Surety will pay said award(s), to the extent of its liability, under this bond, before the expiration of thirty (30) days after the same becomes, or became, final, without regard to any proceedings for liquidation of said Principal.

2) This bond shall be continuous in form and shall remain in full force and effect unless terminated in the

3) In the event said Principal shall fail to provide Case Management Services in a proper manner Surety shall forthwith pay, to the extent of its liability under this bond, said award or awards, to the entitled thereto





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5) The undersigned are held and firmly bound for the payment of all legal costs, including reasonable attorney fees, litigation expenses and court costs incurred in all or any actions in proceedings taken to enforce payment of all other provisions of this bond, or payments of any award or judgment rendered against the undersigned Surety, on account of the execution by it of this bond.

PROVIDED, the Surety herein, by and in the execution of this bond, does hereby recognize that said bond is a direct financial guarantee to and for the State of Indiana.

IT IS FURTHER AGREED AND STIPULATED that the laws of the State of Indiana apply and any and all disputes that arise relating to this bond shall be within jurisdiction of the State of Indiana.

IT IS FURTHER AGREED AND STIPULATED that this bond may be cancelled at any time by the surety upon giving 60 days notice to the principal herein and to the State, in which event the liabilities of the surety shall, at the expiration of said 60 days, cease and terminate, except as to such liabilities of the principal that occurred during the effective period of the bond and prior to the expiration of said 60 days.

This Bond shall be effective until further order of the State.

IN WITNESS WHEREOF, the said Principal has caused these pres		
and attested by its		
likewise caused these presents to be executed by the signature of its _		
caused its corporate name and seal to be attested by the signature of _		, its
PROVIDED FURTHER, this Bond shall be effective as of the	_ day of20	
Signed, sealed and delivered this day of 20		
	FOR PRINCIPAL:	
	(Signature)	
	(Printed Name)	
	(Title)	



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ATTEST:	
(Signature)	
(Printed Name)	
(Title)	FOR SURETY:
	(Signature)
	(Printed Name)
	(Title)
ATTEST:	
(Signature)	
(Printed Name)	
(Title)	